

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

PLEASE PRINT

I. Name of Lobbyist(s):	Lisa K. Shapiro, Ph.D.; Paul A. V Sara K. Bosiak	NEW HAMPSHIRE Worsowicz; Heidi L. Kroll; Erile PARTMENT OF STAT
II. Name of Lobbyist's par	tnership, firm or corporation, if any:	
603-228-1181	GALLAGHER, CALLAHAN 214 North Main Street, Co 603-226-3477	ncord, NH 03301
(Telephone)	(Fax)	(Email)
III. This statement covers: reportable expense transact	(Choose one – file separate reports for tions which are not attributable to any	each client, OR you may file a separate report for one client.)
X All reportable transac	tions occurring in the month prior to the	reporting date relative to the following client.
	NORTHEAST REHABILITATIO	
(F	ull Name of Client as it appears on the Lo	obbyist Registration Form)
All reportable transac unrelated to any parti		vist's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🔲	July 26, 2017 □
	from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
	October 25, 2017 🗵	January 24, 2018 □
	ty from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fees If this box is checked, compl Concord, NH 03301.	received and no reportable transaction ete just this form and submit it to the Section 1.	ns made since the last report. retary of State's Office, State House, Room 204,
VI. Check if additional re	ports are attached: fees or made expenditures, you must file	Addendum A – Fees and Expenses
If you have paid an h	nent	must file Addendum B – Report of Honorariums or
If you, your firm, or	your family has made political contribution	ons, you must file Addendum C - Political Contribution
Sworn Statement/Affirmat I have read RSA 15, RSA 15 to the best of my knowledge	Band RSA 664 and hereby swear or aff	firm that the foregoing information is true and complete
AKO.		10-25-17 (Date)
(Signature of Lobbyist)		(Date)
Lisa K. Shapiro, Ph.D. (Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	(RSA Chapter)	15:0)		
I. Name of Lobbyist(s)	Name of Lobbyist(s) Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylor; Sara K. Bosiak			
II. Name of lobbyist's p	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
	(Name of partnership, firm or corporation			
	NORTHEAST REHABILITATION HEALTH NETWORK	Date	October 25	5, 2017
lobbying, including fees f	t of all fees received from the client identified above for services such as public advocacy, government related legal work. The gross for the gross of the gross	ations, or p	oublic relatio	ns services,
a) Total of all fees receiv	ved in this reporting period		a) \$	15,000.00
b) Total of all fees receiv (This should equal the	yed this calendar year, prior to this reporting period. e total prior monthly reports for this calendar year.)		b) \$ 	30,250.00
c) Total of all fees receiv (Add lines a and b)	ved to date.		c) \$ 	45,250.00
d) Indicate the amount o yet been paid.	f any such fees that are due, but have not		d) \$.00.
fees. Separate reports an lobbyist(s)/firm that are are to be reported in one reporting period for sala expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individual covered by (a) (for examgiven to the subject of legislative reception). Experience on separate addendums as	artnerships, firms, or corporations are required to rete to be filed for expenditures made relative to each currelated to any one client a separate report may be e of three categories of expenses: (a) the aggregaties, benefits, support staff, and office expenses; enditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to 10 object given to a person being lobbied with a value and expenditure made during this reporting period of apple: purchase of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple: purchase of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple purchase of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple purchase of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple period of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple period of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple period of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value apple period of a meal with value of greater than \$10 to 10 object given to a person being lobbied with a value of greater than \$10 to 10 object given to a person being lobbied with a value of greater than \$10 to 10 object given to a person being lobbied with a value of greater than \$10 to 10 object given to a person being lobbied with a value of greater than \$10 to 10 object given to 20	filed for the filed fi	f expenditure the lobbyist(f all expense gregate total during a buse en to the per 0 or less); a nan \$25.00 fe se of a cerer \$50, restaura contribution	es are made by the sylfirm. Expense es paid during the lof all individuationess lunch where son being lobbied and (c) an itemized or any purpose no monial object to bant expenses for
b) Total aggregate of ex in a), of \$25 or less.	penditures during this reporting period, not reported	c) S		.00
		U) (ν	

.00

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	15,000.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	30,250.00
f) Total of all expenses year to date.	f) \$	45,250.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	g fees during this re	porting
Paid to:	Amou	ınt
	\$	
	\$	
		<u>.</u> ,
	•••	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that is true and complete to the best of my knowledge and belief.	the foregoing info	ormation
265.	10-25-1 (Date)	7
(Signature of lobbyist)	(Date)	
Lisa K. Shapiro, Ph.D.		
(Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: NORTHEAST REHABILITATION HEALTH NETWORK

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

(Print Name of lobbyist)

Statement of Incon	ne and Expenses for:		
Name of Lobbying	partnership, firm or corpor	ration: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (lea particular client):	ve blank if Statement is fo Northeast Rehabilitation		rporation and not related to any
Date of Report (che	eck one):		
April 26, 2017 🗆	July 26, 2017 □	October 25, 2017 🔀	January 24, 2018 □
I have read RSA 15 following Addendu submitted):	, RSA 15-B, RSA 664, the ms submitted with that Sta	e Statement of Income and E tement (insert the number of	xpenses described above, and the f Addendum forms being
1 Addendum A	(s).		
0 Addendum B	(s).		
0 Addendum Co	(s).		
	ffirm that the foregoing int t of my knowledge and be		nd each Addendum is true and
Paul	a Worsoway		16-23-17 (Date)
(Signature of Lobb	oyist)		(Date)
Paul A. Worsowic	ez		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Heidi L. Kroll

(Print Name of lobbyist)

Statement of Income and Expenses for:			
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
	ve blank if Statement is fo Northeast Rehabilitati		rporation and not related to any
Date of Report (che	ck one):		
April 26, 2017 🗖	July 26, 2017 □	October 25, 2017 🔀	January 24, 2018 □
		e Statement of Income and Enterent (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
	firm that the foregoing in of my knowledge and be		nd each Addendum is true and
Hu]: 2.	· · · · · · · · · · · · · · · · · · ·		10-23-17
(Signature of Lobby	yist)		(Date)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Labbuist

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network
Date of Report (check one):
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☒ January 24, 2018 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
1 Addendum A(s).
0 Addendum B(s).
0 Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
10.18.17 (Date)
(Signature of Lobbyist) (Date)
Erik W. Taylor (Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying p	partnership, firm or corpo	ration: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network			
-			
Date of Report (che	ck one):		
April 26, 2017 🗆	July 26, 2017 □	October 25, 2017 🔀	January 24, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):			
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.			
Sauk	Buill		10/20/17
(Signature of Lobb			(Date)
Sara K. Bosiak (Print Name of lob	obyist)		